



2560 FM 972, Georgetown, Texas 78626

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Annex F - INCIDENT REPORT FORM 2026

Date of Incident: _____ Time of Incident: _____

1. Identity of those involved (continue on reverse side if necessary):

a. Name: _____ Address: _____

Telephone Number (Day): _____ (Evening): _____

b. Name: _____ Address: _____

Telephone Number (Day): _____ (Evening): _____

c. Name: _____ Address: _____

Telephone Number (Day): _____ (Evening): _____

2. Incident description (what happened? Continue on reverse side if necessary):

3. Were there any injuries? Yes ____ No ____

a. If so, describe nature and extent of injury (specify parts of body): _____

b. Describe how the injury occurred: _____

c. Describe first aid given: _____

d. First aid provided by: (include names and phone numbers): _____

e. Disposition (Specify name of hospital, telephone numbers, time of transport, etc): _____

f. Notification of next of kin (specify time, person contacted, and method): _____

4. Location of incident and conditions of area: _____

5. Was protective equipment worn (if applicable): Yes ____ No ____ NA ____

Describe the equipment & its condition: _____



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6. Describe efforts to document the incident, if any (photographs, etc.): _____

7. Witness statements: Interview witnesses separately. Use attachments if needed.

Witness (Name): _____ Statement Attached Yes ____ No ____

Address: _____

Phone Number (Day) _____ (Evening) _____

Summary of witness comments: _____

Witness (Name): _____ Statement Attached Yes ____ No ____

Address: _____

Phone Number (Day) _____ (Evening) _____

Summary of witness comments: _____

Witness (Name): _____ Statement Attached Yes ____ No ____

Address: _____

Phone Number (Day) _____ (Evening) _____

Summary of witness comments: _____

8. Police Report/Investigation: Yes ____ No ____

Initial report taken by: (Name) _____ (Agency) _____

Investigator: (Name) _____ (Agency) _____

9. Notes/Comments: _____

10. Report Submitted By: (Name) _____

Signature: _____ (Date) _____

----- To Be Completed by Firing Line RSO -----

Disposition: _____

Name: _____ Date: _____

Signature: _____